## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

1062 2413

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                  |                               |                     |                  |            | SMALL ENTITY TYPE   |                        |        | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---|--|---|------------------|-------------------------------|---------------------|------------------|------------|---------------------|------------------------|--------|-------------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 2 4              |                               |                     |                  | 1          | RATE                | FEE                    | 1      | RATE                          | FEE                    |  |
| FOR   |  |   | NUMBER FILED     |                               | NUMB                | ER EXTRA         |            | BASIC FEE           | 375.00                 | OR     | BASIC FEE                     | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | (4) minus 20=    |                               | · 9                 |                  |            | X\$ 9=              |                        | OR     | X\$18=                        | 162                    |  |
| INC   | EPENDENT CL                                    | AIMS                                      | ₹ mi             | nus 3 =                       |                     | <u> </u>         |            | X42=                |                        | OR     | X84=                          | 420.                   |  |
| MU  | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | REŠENT           |                               |                     |                  |            | +140=               |                        | OR     | +280=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                  |                               |                     | 1                | TOTAL      |                     | OR                     | TOTAL  | 1332                          |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |                  |                               |                     |                  |            | •                   |                        |        | OTHER                         |                        |  |
|   |  | (Column 1)                                | (Column 2)       |                               |                     | (Column 3)       | L          | SMALL               | ENTITY                 | OR     | SMALL                         |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVK<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 29                                      | Minus            | # 2                           | 9                   | -/               |            | X\$ 9=              |                        | OR     | X\$18=                        |                        |  |
|   | Independent                                    | * 8<br>NTATION OF MI                      | Minus            | ***                           | S CI AINA           |                  | <b>.</b> [ | X42=                |                        | OR     | X84=                          |                        |  |
| <u> </u>  | TINOTTRESE                                     | ATAMON OF IM                              | JETTP LE DEF     | LIADEIA                       | COARS               |                  | ۱ ا        | +140=               |                        | OR     | +280=                         |                        |  |
|   |  |   |                  |                               |                     |                  |            | TOTAL<br>ADDIT, FEE |                        | OR     | TOTAL<br>ADDIT, FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                  |                               |                     |                  |            |                     |                        |        |                               |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                            |                     | =                |            | X\$ 9=              |                        | OR     | X\$18=                        |                        |  |
|   | independent                                    | *<br>NTATION OF MU                        | Minus            | ***                           |                     | =                | ┛╏         | X42=                |                        | OR     | X84=                          |                        |  |
| <u> </u>  |  | NIATION OF MIC                            | DETIFIE DEF      | ENDENI                        | CLAIM               |                  | 1          | +140=               |                        | OR     | +280=                         |                        |  |
|   |  |   |                  |                               |                     |                  | _          | TOTAL<br>ADDIT, FEE |                        | OR     | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                  |                               |                     |                  |            |                     |                        |        |                               |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | ##                            |                     | =                | Jſ         | X\$ 9=              |                        | OR     | X\$18=                        |                        |  |
|   | Independent                                    | *   | Minus            | ***                           |                     | e                | ]          | X42=                |                        |        | X84=                          |                        |  |
| Ĺ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                               |                     |                  |            |                     |                        | OR     |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                  |                               |                     |                  |            |                     |                        | OR     | +280=                         |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OTAL ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                  |                               |                     |                  |            |                     |                        | OR     | TOTAL<br>ADDIT. FEE           |                        |  |
|   | The "Highest Nun                               | ber Previously Pai                        | d For" (Total or | Independe                     | ent) is the         | highest numb     | er fou     | nd in the app       | ropriate box           | in col | umn 1.                        |                        |  |